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ABSTRACT

Six ethical dilemmas related to nursing practice were developed and presented to registered and trainee nurses for their resolution. A non-nurse group of university students also gave decisions about what a nurse should do in each ethically-loaded situation. A dilemma was classified as recurrent if its core problem was spontaneously mentioned by at least five nurses. Twenty-one of these recurrent dilemmas were grouped according to their reflection of underlying issues of: quality of life, maintenance of professional standards, distribution of nursing resources, and information and decision rights in health care. Registered and trainee nurses had similar resolution patterns for dilemmas in four clinical situations. More registered nurses than trainees were willing to give a patient information against doctor's orders, and to refrain from vigorous resuscitation of a malformed newborn infant. University students and other non-nurse groups were less cautious than trainees in advocating the divulgence of information, and were less willing than both nurse groups to refrain from vigorous resuscitation of the newborn. The importance of discovering nurses' patterns of ethical choice for nurses is discussed in light of study findings, and a literature review on relevant issues is included. (Author/SW)

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NURSES' RESOLUTIONS OF SIX ETHICAL DILEMMAS

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Running Head: Ethical Dilemmas

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Abstract

Six ethical dilemmas related to nursing practice were developed and presented to registered and trainee nurses for their resolution. A non-nurse group of university students also gave decisions about what a nurse should do in each ethically-loaded situation. Registered and trainee nurses had similar resolution patterns for dilemmas in four clinical situations. More registered nurses than trainees were willing to give a patient information against doctor's orders, and to refrain from vigorous resuscitation of a malformed newborn infant. University students and other non-nurse groups were less cautious than trainees in advocating the divulgence of information. They were less willing than both nurse groups to refrain from vigorous resuscitation of the newborn. The importance of discovering nurses' patterns of ethical choice for nurses are discussed in light of the empirical data.

Nurses' normal hospital duties frequently place them in situations where they must make ethical choices, but there is little evidence about how nursing practitioners actually resolve ethical dilemmas. In this study we were concerned to obtain some basic empirical data on how nurses make choices when ethical issues are involved in different spheres of nursing practice. Classically, the concept of "dilemma" has identified choice-situations in which alternative resolutions are equally unattractive. A decision to adopt one alternative does not remove difficulties and troublesome consequences. Ethical dilemmas are especially contentious because they involve human welfare, and because they do not have simple, testable solutions.

When faced with choices of advantaging one person at another's expense, or when asked to violate procedures and rules for the sake of human well-being a nurse makes an ethical choice, even if her stance involves inactivity (Andrews and Hutchinson, 1981).

The professional and legal consequences of a nurse's active ethical stance were brought home forcefully in the case of Nurse Tuma who was suspended from duty for unprofessional conduct (Lewis, 1977). Tuma was accused of interfering with the doctor-patient relationship when she gave a patient information about her condition against the doctor's orders. She was suspended from duty for six months, but later the State Supreme Court ruled that her behavior could not be classified as unprofessional because it violated no specific clause of the Board of Nursing's rules. Nevertheless this public case and the court's decision have provoked considerable speculation and debate about the ethical and legal obligations of the individual nurse (Bell, 1981; Lewis, 1977). The picture of the nurse that emerged in

this debate, and throughout the literature is that of the "nurse in the middle" (Jameton, 1977, p. 21), caught between tradition values of obedience and subservience, and an emerging, self-conscious move for independent ethical choice as a professional member of the health care team (Lawrence and Farr, 1982).

The difficulties of the nurse's position have been recognized in the American Nurses' Association's recommendation that ethics courses be provided in all nursing programs in order to assist nurses to prepare themselves for the critical ethical judgments they can expect to meet on the wards (Note 1). However, we would argue that the development of realistic prescriptions and guidelines for professional codes of ethics is dependent, at least in part, on descriptive evidence of nurses' choices. It is sensible to base discussions of possible behaviors on informed understanding of prevailing dispositions to act in certain ways.

The small amount of empirical evidence that is available reveals that there is general confusion about the role a nurse should adopt in ethical decision-making, and disagreement about the appropriate moral actions a nurse can take when caught in the type of human dilemma that Tuma encountered. Do practitioners' ethical views reflect traditional, uncomplicated acceptance of a nurse's role as the physician's assistant, or are more nurses being influenced by the minority position that each nurse is an independent moral agent (Andrews and Hutchinson, 1981; Lawrence and Farr, 1982; Sigman, 1979).

A few researchers have documented nurses' views on ethical issues. Schröck (1981) for example, asked 131 undergraduate and post-basic Scottish nurses to describe the ethical problems they faced. Abortion was the most

frequently mentioned moral problem, although it represented only 29% of the 391 problems identified. Resuscitation problems accounted for another 27%, and euthanasia 21%. Other categories involved organ transplants (13%) and issues involving patients, relatives and colleagues. The data illustrated the diversity of problems which nurses said required their ethic judgments. A small survey of Australian occupational health care nurses revealed that for these community-based nurses there were multiple issues, in fact, nearly as many ethical issues as respondents. A major concern was when to divulge information about corporation employees' medical conditions (Lawrence and Stephenson, 1981).

Nurses do not always agree with their patients about what constitutes appropriate information for the patients to know about themselves, as Dodge (1972) found in a survey of 139 patients and 62 nurses from a New York general hospital. Nurses and patients were asked to rate 60 items on a five-point scale to indicate the importance of different pieces of medical information. Nurses concentrated on general and procedural issues, patients concentrated on immediate personal medical details. Patients rated as most important information about their condition and the likelihood of recurrence of recovery. In contrast, nurses gave higher ratings to the medical procedures patients should know about and the physical and dietary constraints they should follow. These matters were of little consequence to their patients. Obviously the two groups viewed the sharing of knowledge in different ways.

Non-disclosure of information and deliberate description were another concern of Schröck's (1981). She asked 83 post-basic nurses how they personally would justify withholding information from a patient about medication. Fifty-nine percent of 40 justifications involved nurses' claims that

deception could be justified on the basis of coercion to silence by doctors or ward policy. Twenty-five percent reflected nurses' concerns that the patient would discover the dreadful nature of his or her illness, or that treatment would be refused, or that other patients would seek similar information.

When asked how they would justify lying to a patient's relatives in a crisis situation, 59% of 25 nurses referred to policy, 24% to the severity of the patient's condition and 10% to the relatives' inability to understand. Responses showed a lack of uniform or clear perception of a nurse's responsibility when principles of truth clashed with points of practice. Schrock observed that the nurses lacked confidence to handle situations that could arise if they told the truth (p. 143). But ethical decision-points will not wait for practicing nurses to attain the confidence they need or requisite level of responsible judgment. Health care entails ethical decision-making whether the nurse knows it or not.

Ketefian's (1981) study partly addressed questions related to the recognition of ethical issues in dilemma situations. Her Judging About Nursing Dilemmas Test taps nurses' knowledge and perceptions with two subscales. One set of questions test nurses' knowledge of their ethical responsibility as defined by the code of nursing. The other set measures if a given nurse can tell how well the actions specified in the code would be implemented in a crisis situation. Ketefian's data from 79 registered nurses showed that accurate knowledge of nursing ethical codes did not necessarily imply predictions that the code would be followed. In addition, Ketefian found that knowledge of the codes was not demonstrated uniformly across different levels of professional experience. Younger, less experienced nurses

had highest average scores on ethical knowledge and evaluation. Ketefian concluded that initial understanding of nursing codes of ethics decayed soon after the first year of nursing, and was not applied in the realities of ethical choice and behavior. Understanding of recognized and codified values cannot be assumed, and acquiescense is even less predictable.

Our aim was to find out if the resolutions of ethical dilemmas advocated by Australian registered nurses were similar to, or different from, the resolutions advocated by student nurses in initial training courses. There was little to guide our expectations, except our general discernment of polarized views on nurses' ethical responsibilities in the literature, and our awareness of the beginnings of a new concern with action advocacy in the psychological research of moral judgments (e.g. Lawrence and Farr, 1982; Rest, 1981).

Since Kohlberg's work in the later fifties, moral judgment research has been concentrated almost exclusively on the kinds of moral prescriptives and issues which people use in solving moral dilemmas. Only recently Rest (1981) has turned to preliminary analysis of the actual actions advocated as resolutions of the six hypothetical dilemmas of his Defining Issues Test. Subjects are forced to choose between conflicting moral actions, or to indicate that they can't decide. Actions advocated by four groups or 40 students from junior high to graduate schools showed a general consistent preference for more liberal actions in four dilemmas. These situations involved racial and student rights, and whether or not to report an exemplary prison escapee. Age-related differences were found only in resolutions of two dilemmas involving life and death issues.

When deciding whether a doctor should commit euthanasia at his terminally ill patient's request, only 38% of junior high students advocated euthanasia,

compared with 58% of senior high, 53% of college, and 73% of graduate students. More school students than undergraduate and graduate students expressed indecision. In the classic Heinz and the drug story, the subject is forced to decide whether Heinz should steal the drug needed by his dying wife, or risk her death without medication. Forty-eight percent of high school students advocated that Heinz not steal the drug, compared with 23% of college students and 30% of graduate students.

Rest's data suggest that education and age levels may be related to the moral actions people advocated as well as to their levels of moral reasoning (Rest, 1979). Nurses' level of training and exposure to contemporary choices may influence their patterns of action choice, especially when grave human consequences are at stake. In addition it was important to ask nurses to respond to dilemma-situations that they could realistically expect to meet, and choices which were distributed across different specialities. It is conceivable that some areas of nursing will be marked by more problematic choices, for example intensive care nursing.

Since most trainee nurses in the Australian context are educated in hospital-based programs or have hospital practicums, we could expect that they would have had some exposure to dilemmas in the wards. Ketefian's data even suggested that their awareness may be more sensitive than experienced nurses. Our initial investigation therefore was exploratory in nature, and aimed at providing empirical evidence of any patterns in the ethical behaviors that registered and trainee nurses would advocate. In a small auxiliary study we were able to compare nurses' resolutions of one dilemma with junior and senior high school students' action choices. Again it was difficult to predict whether professionalism would be accompanied by more or less conservative ethical advocacy.

GENERATING NURSING ETHICAL DILEMMAS

Crisham (1981, Note 2) developed a set of six nursing dilemmas from individual interviews with 130 US staff nurses. Each collaborator was asked to mention an ethical dilemma she had experienced in the past three years. The situation had to involve a problem related to human rights or welfare which had no single right solution. In fact most of the staff nurses identified problem situations they had encountered in the preceding month.

A dilemma was classified as recurrent if its core problem was spontaneously mentioned by at least five nurses. Situational factors might vary, but the essential decision-choice was constant. Twenty-one of these recurrent dilemmas were grouped according to their reflection of underlying issues of: quality of life, maintenance of professional standards, distribution of nurse resources and information and decision rights in health care.

Six most recurring dilemmas were selected as representative of salient issues and different areas of clinical practice. Crisham then developed her Nursing Dilemma Test around the six dilemmas by accompanying each of them with an action choice, a familiarity scale, and six statements which reflected Kohlberg's stage concepts and a practical nursing consideration. In the action choice, each subject checks one of three possible resolutions of the dilemma, involving opposing actions and a "can't decide" category. A five-point familiarity rating registers if the subject had had personal experience with a similar dilemma, second-hand experience through to no experience at all. The present study is concerned only with action choices.

Subjects

Participants in the study were 249 nurses who were recruited as volunteers from two nurse training colleges and two large public hospitals in the

same Australian capital city. Eighty-four of the nurses were registered nurses, and 165 were trainee nurses who were enrolled in first, second or third years of training preparatory to registration examinations at the end of three years. A cross-validation sample was obtained of 67 adult psychology and education students from classes at a university in the same city.

The questionnaire was administered in class where possible, that is, to a class of registered nurses at one institution and to all classes at the other, and to classes of trainee nurses at one hospital. Other registered nurse volunteers and the university students completed the questionnaire at home and returned it to hospital or university offices in a sealed envelope.

Each subject was asked to indicate the action a nurse should take in each of the following dilemma-situations: (1) the nurse has to decide whether or not to physically force medication on a psychiatric patient, (2) the nurse wonders whether to administer resuscitation to a patient who requested no heroic measures be taken, (3) the nurse has to choose whether to attend to infants on the ward or to orient a new nurse, (4) the nurse is faced with reporting or not reporting her medication error, (5) the nurse is told not to use extreme resuscitation on a newborn with gross anomalies, and (6) the patient asks the nurse for information about his terminal condition when the doctor has ordered not to discuss the diagnosis with the patient.

NURSES' SOLUTIONS OF DILEMMAS

There was a general trend for registered and trainee nurses to agree about the solution of a dilemma regardless of their nursing status, with two exceptions. In the "Newborn with anomalies" and "Terminally ill adult" dilemmas more registered nurses than trainees advocated that a nurse take

independent action. There were differences in the percentages of nurses and university students advocating particular actions by the nurse in the two dilemmas. Percentages of the three groups advocating opposing actions by the nurse in six dilemma situations are shown in Table One. Comparisons of proportions were made using chi-square and Ferguson's (1966) test of pairs of independent proportions which yields a z score. We will report the common choice patterns shown in rows (a) through (d) of the table, then the different patterns of (e) and (f).

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TABLE ONE ABOUT HERE

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Common Patterns of Action Choice

On two dilemmas the patterns of response of the registered and trainee nurse groups and university students were not significantly different, $p > .05$.

(a) Half of all nurses (52%) and university students (51%) advocated that the nurse should not physically force medication on the psychiatric patient. Slightly more of the remainder of each group advocated the use of force than said they could not decide.

(b) There was an almost even division in the choice that the nurse should and should not give repiratory assistance to a terminal patient who explicitly asked that no heroic measures be taken.

The three groups' distributions of response were not different. Slightly more nurses advocated no respiration, 47% > 37%, while the inverse was the case for university students 38% < 47%. Half the registered nurses

(51%), and 45% of trainees said that respiratory assistance should not be given.

(c) The total nurse group was divided and it differed from the university student group in its decision-making about the New Nurse Orientation Dilemma, $\chi^2(1)$ 22.38, $p < .001$. The nurses were divided, with 48% advocating time for orienting the colleague even if it meant directing attention away from the ward of infants, and 41% advocating neglecting the new nurse. However more university students (73%) than nurses advocated that the infants not be left for the new nurse, $z = 4.64$, $p < .01$.

(d) There was a high degree of unanimity amongst all subjects that a nurse should report a drug error, 86% of all nurses, 89% of university students, $p > .05$.

Different Patterns of Action Choice by Nurses and Students

On two dilemmas the patterns of action choices of registered nurses differed from those of trainees.

(e) When asked whether the nurse should vigorously resuscitate a malformed newborn, registered and trainee nurses and university students exhibited different patterns of response. $\chi^2(4) = 29.81$, $p < .01$.

More of the registered nurses (78%) advocated that the baby not be vigorously resuscitated than trainee nurses (57%), $z = 3.01$, $p < .01$, and this percentage was greater than the 42% of university students advocating non-intervention, $z = 5.14$, $p < .01$. The percentage of trainee nurses also was greater than that of the students, $z = 2.14$, $p < .05$. However significantly more trainee nurses (22%) than registered nurses (7%) were undecided, $z = 3.01$, $p < .01$. More university students advocated vigorous

resuscitation (42%) than the 14% of registered nurses, $z = 5.09$, $p < .01$, and than the 21% of trainee nurses, $z = 3.5$, $p < .01$. The percentages of the two nurse groups did not differ.

(f) The three groups exhibited different patterns of choice when the nurse's dilemma involved divulging information to a terminally ill patient against doctor's orders, $\chi^2(4) = 9.49$, $p < .05$. More subjects overall said the nurse should tell the patient than said she should not (59% of registered nurses, 40% of trainees and 52% of university students). The pattern of choices of the registered nurses was different from that of the trainees, $\chi^2(2) = 12.69$, $p < .05$, but it was not different from the university students', $p < .05$. The trainee' and students' patterns were not different. The main difference was that more registered nurses than trainees advocated telling the patient, $z = 2.7$, $p < .01$.

In summary, the distributions of ethical choices of registered nurses were generally similar to those of trainee nurses. Even when the proportional distributions differed in the cases of resuscitating a malformed baby and divulging information, those differences involved degree not direction. More qualified nurses advocated actions that could be classed as liberal, or at least contrary to traditional norms.

If our data had been confined to samples of nurses then it would have been simple to infer a general homogeneity of response for nurses, with the two exceptions. However similar patterns of action choices were obtained from non-nurse university students. Exceptional patterns of choice were obtained from these subjects on the same two dilemmas that were contentious for the nurses. They also took a different stance when professional behavior

to a new colleague conflicted with patient care. The students were more conservative than nurses in the case of the malformed baby.

The generally homogeneous distributions of choices did not mean that the dilemmas were not contentious, simply that group differences were not as strong as individual differences across levels of expertise. A series of secondary analyses revealed that the nurses' self-reported familiarity with the dilemmas was not related to their patterns of choices. With the university data those trends suggested that the situations reflected genuine dilemmas for people inside and outside the professionals.

Non-nurses' Decisions About Disclosing Information

We had the opportunity of examining other non-nurse groups' reactions to two of the dilemmas. The case of divulging information to the terminally-ill patient was likely to be contentious, in the light of our data and Dodge's findings of nurse-patient differences. Rest's (1981) study suggested that differences in choices may be related to age when life and death issues were involved. In order to explore the effect of age and unprofessional interest, we presented the Terminally-Ill Dilemma to two groups of adolescents and two groups of adults training for other professions.

Subject groups were 138 Grade Eleven students and 56 Grade Eight students from five intact high school classes, 33 trainee teachers from the same university as the earlier sample and 27 trainee architects from a nearby college. Patterns of decisions about whether a nurse should give a patient information against orders are shown in Table Two. The table also summarizes the chi-square comparisons of the four distributions with the distributions for registered and trainee nurses shown in Table One.

TABLE TWO ABOUT HERE

Briefly the table shows that the patterns of decision of all non-nurse groups were more like the registered nurses' than were the trainee nurses'. Four chi-square comparisons of distributions of choices with the registered nurses were not significant, $p < .05$, whereas the trainees' nurses' distribution of decisions had been significantly different. In contrast, only the trainee teachers' distribution of decisions were not significantly different from the trainee nurses'. The dilemma elicited different responses within groups. Only the youngest subjects showed considerable unanimity. Seventy-one percent of them advocated giving the patient the information. Adults were less uniform in their responses, regardless of professional interest and standing, although the data indicate greater leanings towards disclosure of medical details than non-disclosure.

DISCUSSION

The findings of this study can be interpreted in one of two ways. We could argue that the patterns of decisions obtained from nurses were fairly similar, whether the nurses were full-qualified professionals or in the process of becoming qualified. The similar general trends in registered and trainee nurses' distributions of responses support that position. Alternatively, it is plausible to point out that only the decision that a nurse should report a drug error gained anything like unanimous assent. Regardless of professional standing the nurses were divided in their

advocacy of ethical actions in the other five dilemmas. While there was consistency in the directions of group trends, these trends also revealed large individual differences. Individual choices cut across group identification. Nurses held different opinions, and in two situations more registered nurses appeared to be advocating the non-traditional solutions, of not dramatically facilitating survival under certain circumstances, and going against physician directions to withhold knowledge.

Predominant group trends suggest that pre-registration nurses are being socialized into the same ethical milieu and values as their seniors, at least in one Australian city. But knowing the general thrust of those values would not permit easy prediction of how a given nurse would advocate resolving five dilemmas. Rather our data suggest that we need to look for reasons for the individual differences. Our assumptions about looking behind individual response patterns is supported by the non-nurse data. The dilemmas provoked diverse responses from university students and their responses were not more radical than the registered nurses. The dilemmas present people with choices which are not resolved in predictably uniform ways.

What is needed now is further research to explain why nurses adopt different stances, especially since familiarity with the situations was not a significant factor. More sensitive response measures are warranted, and work is in progress in which nurses and other professionals are being interviewed in-depth for the reasoning behind solutions to the information disclosure dilemma (Lawrence, study in progress). In a follow-up study of the present study, we asked intensive care specialist nurses to rate considerations which may influence their decisions of whether to use heroic

measures, our dilemma (b). (Note 3, Lawrence and Farr, 1982). The findings support the idea that major differences may occur when a nurses' ethical decisions imply deviation from a traditional, non-deciding role.

In conclusion, the present study provides several useful directions for collection of empirical evidence on nurses' ethical decision-making. Crisham's dilemmas have the advantage over standard moral dilemmas like Kohlberg's and Rest's because they are directly related to professional practices. They were generated by experienced nurses in the field. Their dilemma-like characteristics now are empirically supported. The obvious constraints on generalizing from our evidence arise from the single decisions each nurse gave to each dilemma. Other studies will be able to determine if decisions are stable over time and response mode. Of course our data are removed from the demands of the ward. Observational and in-situ evidence is required. Nevertheless the preliminary evidence indicates the value of building up a body of empirical evidence about nurses' ethical predispositions, and of uncovering personal and professional influences on resolutions of nursing dilemmas.

Reference Notes

1. Resolution adopted by the House of Delegates, American Nurses' Association, 1980.

2. The development of the Nursing Dilemma Test is described in Crisham, P. Moral judgments of nurses in hypothetical dilemmas. Unpublished doctoral dissertation, University of Minnesota, 1979.

3. Lawrence, J.A., and Farr, E.H. "The nurse should consider: Critical care ethical issues." Journal of Advanced Nursing, 1982, 7, 223-229.

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Table 1

Percentages of Nurse and Student Groups Advocating Action in Six Ethical Dilemmas

DILEMMA	Subject Group: Trainee Nurses	Registered Nurses	University Students
(a) FORCING MEDICATION ON PSYCHIATRIC PATIENT:			
Force	25	25	23
Don't Force	56	50	51
Can't Decide	18	22	18
(b) ADULT'S REQUEST FOR NO HEROIC MEASURES:			
Respirate	33	40	47
Don't Respirate	51	45	38
Can't Decide	13	14	15
(c) NEW NURSE ORIENTATION IN INFANTS' WARD:			
Orientate New Nurse	48	49	19[j]
Don't Orientate Nurse	46	40	73[j]
Can't Decide	2	10	7
(d) MEDICATION ERROR:			
Report Error	86	87	89
Don't Report Error	5	6	8
Can't Decide	7	6	3
(e) NEWBORN WITH ABNORMALITIES:			
Resuscitate	21	14	42[i,j]
Don't Resuscitate	57	78	42[i,j]
Can't Decide	22	7	15[i]
(f) TERMINALLY-ILL PATIENT'S REQUEST FOR INFORMATION:			
Tell	40	59	52[i,j]
Don't Tell	29	24	22
Can't Decide	31	17	25

i = significant comparison of registered and trainee nurses.
j = significant comparison of nurses and university students.
*Not all subjects completed each dilemma.

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Table 2: Percentages of Non-nurse Groups Advocating Action in a Dilemma Disclosing Information to a Patient

	Action			Chi-square Differences with Responses of:	
	Tell	Not Tell	Can't Decide	Registered Nurses	Trainee Nurses
Trainee Architects (n=27)	52	44	4	NS	7.75*
Trainee Teachers (n=33)	47	35	15	NS	NS
Grade Eleven Students (n=138)	53	36	11	NS	14.69*
Grade Eight Students (n=56)	71	23	5	NS	19.29*

* $p < .05$